# RECEIVED CENTRAL FAX CENTER

# VIA FACSIMILE: 1-571-273-8300

OCT 0 2 2007

Atty. Docket No. EIAS-001

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

10/734,397

Applicants

Robert Daniel Guichard et al.

Examiner

Sy D. Luu

Art Unit

2174

Filing Date

December 12, 2003

Confirmation No.

4350

For

ELECTRONIC INFORMATION ACCESS SYSTEMS,

METHODS FOR CREATION AND RELATED

COMMERCIAL MODELS

Mail Stop Amendment Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

# CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the United States Patent and Trademark Office on the date shown below:

- 1. Request for Reconsideration
- 2. Claims As Amended Form

YOU SHOULD RECEIVE A TOTAL OF 18 PAGES.

16656 Pine Dunes Court

Grand Haven, Michigan 49417

Telephone: 616.884.5609

#### Attorney Docket No. EIAS 001

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

Appln. No.

10/734,397

OCT 0 2 2007

Applicants

Robert Daniel Guichard et al.

Examiner

Sy D. Luu 2174

Art Unit Filing Date

December 12, 2003

Confirmation No.

4350

For

ELECTRONIC INFORMATION ACCESS SYSTEMS,

METHODS FOR CREATION AND RELATED

COMMERCIAL MODELS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Request for Reconsideration in the above-identified application.

Any fee for additional claims has been calculated as shown below:

#### CLAIMS AS AMENDED

*	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*73	Minus	**73	=00	x \$25	\$00	x \$50	\$00
Independent Claims	*07	Minus	**07	=00	x \$100	\$00	x \$200	\$00
First Presentation of Multiple Dependent Claims x \$180						\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

Attorney Docket No. EIAS 001

<b>≫</b> . →	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.						
· ***	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.						
1.	Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.						
2.	x No additional fee is required.						
3.	A check in the amount of \$ is enclosed.						
4.	Charge \$ to Deposit Account 07-1070.						

Respectfully submitted,

Date: Ocrosse 2, 2007

James E. Shultz Jr. 16656 Pine Dunes Court Grand Haven, Michigan 49417

RECEIVED CENTRAL FAX CENTER

OCT 0 2 2007

Atty. Docket No. EIAS-001

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

10/734,397

Applicants

Robert Daniel Guichard et al.

Examiner

Sy D. Luu

Art Unit

2174

Filing Date

December 12, 2003

Confirmation No.

4350

For

ELECTRONIC INFORMATION ACCESS SYSTEMS,

METHODS FOR CREATION AND RELATED

**COMMERCIAL MODELS** 

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Sir:

# REQUEST FOR RECONSIDERATION

In response to the Office Action mailed July 3, 2007 regarding the above captioned patent application, the Applicant respectfully request that the above-identified patent application be reconsidered in light of the following remarks.